

Initial Prior Authorization Continuity of Care Arizona, Connecticut

Coverage Criteria

Authorization may be granted for the requested drug when ALL of the following criteria are met:

- The patient has been on the requested drug within the last 120 days. [NOTE: Continuity of Care review applies to Non-Formulary criteria only.]
- The requested drug has been received through a paid pharmacy or medical benefit AND approved for coverage previously by the current plan. [NOTE: Approval can be considered for a different strength of the previously approved drug. Approval can be considered for a generic drug if the previous approval was for the brand drug. However, approval will NOT be considered for a brand drug if the previous approval was for the generic drug.]

Duration of Approval (DOA)

- 3183-A: DOA: 12 months

References

1. Conn. Gen. Stat. Ann. § 38a-492f and Conn. Gen. Stat. Ann. § 38a-518f. July 1999.
2. Arizona Senate Bill 1102. March 2025.